

ENCLOSURE B

COUNTY RESPONSE COVER PAGE – MUST BE FULLY COMPLETED AND SUBMITTED WITH PLAN AND DATA

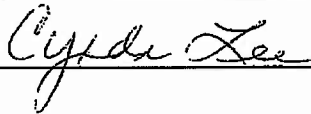
Sacramento County is requesting participation in the Enhanced Anti-Fraud Program. Attached is our multi-agency plan (Enclosure C), including data (Enclosure D), addressing In-Home Supportive Services fraud prevention, detection, investigation and program integrity for submittal prior to November 1, 2009.

Board of Supervisor Approval

Approved on October 27, 2009, by the County Board of Supervisors

Name of Approver: Cyndi Lee, Clerk of the Board

Signature



Name of County District Attorney Representative: Jan Scully

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County Welfare Department Representative Telephone #: (916) 875-2002

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County Welfare Department Representative Telephone #: (916) 875-3611

Email Address: WagstaffB@sacounty.net

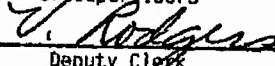
The foregoing is a correct copy of Board of Supervisors Material, which the original is on file with the Office of the Board of Supervisors, Sacramento County, California

Dated

10/28/09

Clerk of said Board
of Supervisors

By



Deputy Clerk

RESOLUTION NO. 2009-0853

**APPROVAL TO SUBMIT MULTI-AGENCY PROPOSAL FOR IN-HOME
SUPPORTIVE SERVICE FRAUD PREVENTION FUNDING TO CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES FOR FISCAL YEAR 2009-10**

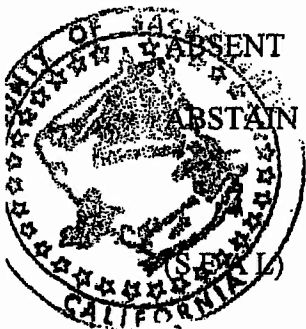
WHEREAS, the County of Sacramento's Department of Health and Human Services, District Attorney's Office and Department of Human Assistance desire to submit a multi-agency proposal for In-Home Supportive Services (IHSS) Fraud Prevention to the California Department of Social Services (CDSS);

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors hereby authorizes the District Attorney of the County of Sacramento to sign, on its behalf, a proposal to CDSS for the prevention, detection, referral, investigation and prosecution of IHSS fraud for Fiscal Year 2009-10, and to execute any modifications, extensions or amendments thereto, and to do and perform everything necessary to carry out the purpose of this Resolution.

IT IS AGREED that any liability rising out of the performance of this project, including civil court actions for damages, shall be the responsibility of the grantee and the authorizing agency.

On a motion by Supervisor Yee, seconded by Supervisor Peters, the foregoing resolution was passed and adopted by the Board of Supervisors of the County of Sacramento, State of California, this 27th day of October, 2009 by the following vote, to wit:

AYES	:	Supervisors,	Dickinson, MacGlashan, Nottoli, Yee, Peters
NOES	:	Supervisors,	None
ABSENT	:	Supervisors,	None
ABSTAIN	:	Supervisors,	None



FILED
BOARD OF SUPERVISORS

OCT 27 2009

BY Cyndi Lee
CLERK OF THE BOARD

Susan Peters

Chair of the Board of Supervisors
Sacramento County, California

In accordance with Section 25103 of the Government Code of the State of California a copy of the document has been delivered to the Chairman of the Board of Supervisors, County of Sacramento on 10/27/09

By V. Rodgers
Deputy Clerk Board of Supervisors

ATTEST: Cyndi Lee
Clerk of the Board of Supervisors

The foregoing is a correct copy of a resolution adopted by the Board of Supervisors, Sacramento County, California

on 10/27/09

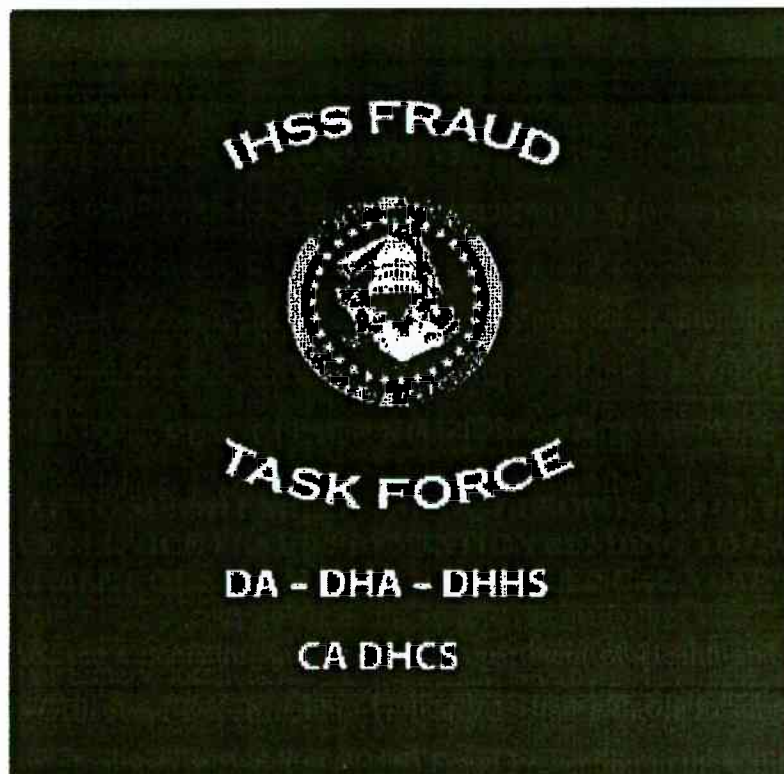
Dated 10/28/09
Clerk, Board of Supervisors

By V. Rodgers
Deputy Clerk

SACRAMENTO COUNTY PLAN: IHSS FRAUD PREVENTION, DETECTION, INVESTIGATION AND PROGRAM INTEGRITY November 1, 2009

This is a comprehensive plan to address In-Home Supportive Services (IHSS) fraud in Sacramento County. This plan is the result of a collaborative effort on behalf of the following agencies:

Sacramento County Department of Health and Human Service (DHHS)
Sacramento County District Attorney (DA)
Sacramento County Department of Human Assistance (DHA)
California Department of HealthCare Services (DHCS)
Sacramento IHSS Public Authority (PA)



ENCLOSURE C

1. IHSS Overpayments / Underpayments Activities Data

Currently, In-Home Supportive Services (IHSS) uses a number of methods to identify overpayments in the program.

- Quality Assurance Reviews, both desk reviews and home visits, identify services that are inappropriately authorized generating a correction and potential overpayment.
- Social Workers upon reviewing assessment and reassessment documentation, comparing them to payroll turn around documents identify recipients that have been receiving, by input errors, overpayments or underpayments on IHSS cases.
- Quality Assurance currently handles most of the various error reports generated by the state (300 Hour; Death Match, Annual Error Reports) and in all of those instances overpayments are identified and processed by either Quality Assurance staff or Fraud social work staff.
- All fraud referrals are processed to determine both if there is an overpayment and the amount attributable to the fraud/error. Where there is no evidence of fraud, an administrative collection process is begun based on the overpayment calculations by the Fraud Social Workers. As all fraud related overpayments are calculated by the Fraud Social Workers, the Social Workers are the expert witnesses for those actions that go forward to prosecution.
- Regular monitoring of overpayments and underpayments and effective follow-up and collection tends to reduce the need for such activities in the future. In addition, through the IHSS Public Authority's provider orientation and training and in their regular newsletter, descriptions are provided on the correct way to fill out time sheets so future errors are reduced. Additionally, with the advent of the County's automated case management data systems such as Adult Data Automation Modules (ADAM) there are significantly fewer calculation errors. Finally, Sacramento County is working on a new electronic version of the SOC293 form using the data system's calculations for transmittal to payroll staff for input into the Case Management Information and Payroll System (CMIPS), which will reduce future errors.

2. IHSS Fraud Referrals / Outcomes / Activities Data including Sacramento County's Methodology for Determining the Appropriate Agency for Referral / Investigation

In May 2009, the Sacramento County Board of Supervisors authorized the establishment of an IHSS Fraud Task Force, headed by the District Attorney (DA), to oversee the expansion of IHSS fraud prevention, detection, investigation and prosecution efforts. An Executive Committee comprised of the County's Chief Operations Officer, the DA and the Director of the Department of Health and Human Services (DHHS) oversees the effort. The IHSS Task Force is led by a Deputy DA and the staff is comprised of members from all three agencies: DA Investigators and an Investigative Assistant, Department of Human Assistance (DHA) Investigators and an Investigative Assistant, IHSS Fraud Social Workers, and clerical support from the three County agencies. In addition, two investigators from the State Department of Health Care Services (DHCS) have joined the effort. They will continue to work hand-in-hand with all partners to address the problem of fraud within the program.

All fraud referrals are ultimately directed through the IHSS Task Force, whether they come directly from the social workers, are generated through various data matches, or through the fraud referral hotline. The IHSS Task Force Criminal Investigators will handle all investigations, with the Fraud Social Workers conducting preliminary interviews and reviews to determine the potential viability of the fraud claim. In addition, a medical doctor will be available on a contract basis to review medical records and discuss medical issues with referring doctors of suspected but not yet substantiated fraud.

Whatever the ultimate determination – fraud, administrative issues, hearings, errors to be corrected, etc. – the Fraud Task Force will oversee the collection of data, determine the prosecutorial viability or decide if the case should be handled through an administrative process.

For those cases that generate reductions or discontinuances, a Hearings Specialist will use the investigative and fraud social work staff resources to provide support to the state's administrative hearings process. The administrative Hearing Specialist can now request assistance from Task Force members, Criminal Investigators and the Fraud Social Workers to support hearings efforts and ensure success.

The outcome information will be reported to the California Department of Social Services (CDSS) by the DHHS in its regular quarterly reporting to the state or through any new methodology developed by the state.

3. Collaboration and Partnerships with District Attorney's Office (DAO)

Historical

Prior to Fiscal Year 2009-2010 all fraud referral activities began with the Sacramento County Department of Health and Human Services (DHHS). In Fiscal Year 1999-2000 a pilot project was launched that included the DHHS with In-Home Supportive Services (IHSS), the Department of Human Assistance (DHA) Welfare Fraud Investigations and the District Attorney (DA). It was determined that the limited state resources were insufficient to adequately impact IHSS fraud. A Criminal Investigator and Investigative Assistant were assigned to work exclusively with DHHS. In addition, the DA and DHHS developed an MOU to prosecute IHSS fraud cases as the investigations were concluded.

Over the last nine years, that effort has expanded to include additional Criminal Investigators and Social Workers focused on fraud related issues and an IHSS Program Manager to provide coordination and oversight. Referrals have increased substantially and investigations and prosecutions have also increased. Follow-up, data matching and tracking of referrals from early identification through prosecution have become much more sophisticated over time. When fraud was suspected, a fraud referral was made to DHA to determine if a fraud investigation should be opened. DHHS had an MOU with DHA for three Criminal Investigators from that department to be responsible to investigate all the referrals. If a case was determined to be fraud and met the prosecution standards of the DA, it was referred by DHA for prosecution. DHHS entered into a prosecution MOU with the DA. The filing standards required a minimum loss of \$1,500 before charges were filed. (Current filing standard is \$400). The DA determined if it was appropriate to file charges and then fully prosecuted the case to resolution. The IHSS caseload was split between two Deputy District Attorneys who also handled other public assistance fraud cases. The data for prosecutions is provided in Enclosure D.

Creation of IHSS Fraud Task Force

In May 2009 the Sacramento Board of Supervisors transferred authority for IHSS fraud prevention, detection and investigation to the Sacramento DA to establish a multi-agency task force to fight IHSS fraud. The DA prosecutes all criminal activity which occurs in Sacramento County in violation of state law and IHSS fraud is such criminal activity. The IHSS Task Force was formed and began meeting on July 1, 2009. The IHSS Task Force is housed in the DA's Office and is led by a Deputy District Attorney fully dedicated to IHSS fraud. It is a true multi-agency collaboration which currently has 16 members from the following agencies:

DHHS: Two Fraud Social Workers and one clerical position.

DHA: Three Criminal Investigators; one Investigative Assistant and one clerical position.

- DA:** One Deputy District Attorney; two Criminal Investigators; one Investigative Assistant; one Paralegal; and one clerical position.
- DHCS:** Two Criminal Investigators from the California Department of Health Care Services. They are assigned full time to the IHSS Task Force.

The new IHSS Task Force allows each agency to bring to the table all of its individual resources, knowledge and expertise and use those skills to combat IHSS fraud at the same time ensuring that the truly deserving get all the services they are entitled to receive. The IHSS Task Force has three main goals:

1. Reduce IHSS fraud to ensure legitimate recipients continue to receive services;
2. Protect recipients from physical and financial abuse; and,
3. Improve inter-agency communication for more efficient fraud detection and investigation leading to savings of tax payer dollars.

The IHSS Task Force is led by a Deputy District Attorney who is physically located with the Fraud Social Workers, the Investigative Assistants, the Paralegal and the Criminal Investigators and is available for consultation on any fraud related issue. In addition, the Task Force has weekly staff meetings to discuss new and ongoing investigations and best efforts in those investigations. The Deputy District Attorney will be fully involved in all efforts of the IHSS Fraud Prevention/Detection Plan which is discussed in greater detail in No. 6, Counties Current and Proposed Anti Fraud Activities.

As part of the DA's website there is a link to the IHSS Task Force page. This page explains the IHSS Task Force and provides a link to an on-line reporting page. The IHSS Task Force directly receives these fraud referrals for assignment.

4. Collaboration and Partnership with California Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS)

Two Department of Health Care Services (DHCS) Criminal Investigators are assigned to the In-Home Supportive Services (IHSS) Task Force full time and report to the District Attorney's (DA's) Office daily to work as a team with the other members. The Criminal Investigators receive their case assignments directly from the IHSS Task Force Deputy District Attorney and do fraud investigations in conjunction with the other team members and in consultation with the IHSS Task Force Deputy District Attorney.

In addition, the state Criminal Investigators have the resources to cross reference fraud between various public assistance programs, including Medi-Cal fraud, thereby detecting more IHSS fraud. The IHSS Task Force DHCS Criminal Investigators will run queries via Management Information Systems/Department of Social Services (MISDSS) that will allow team members to detect fraud by cross matching Medi-Cal payments for recipients' stays in hospitals or skilled nursing facilities against provider claims for payment during those same periods. The DHCS Criminal Investigators will participate in all IHSS Task Force activities, including warrant sweeps, provider enrollment orientation presentations, and criminal surveillance. The DHCS Criminal Investigator work on fraud referrals will be tracked in the same case tracking system explained in No. 5, Mechanism for Tracking/Reporting Fraud Data and Activities.

California Department of Social Services (CDSS) is a vital partner in the success of all IHSS fraud detection in the state and provides the key elements of the framework for fraud prevention with its launch of the new standardized provider orientation, the implementation of fingerprinting for providers and issuance of regular error reports using the Case Management and Information Payroll System (CMIPS) database. Those error reports are handled by both Quality Assurance and the Fraud social work staff, and fraud referrals generated by that process are forwarded to the IHSS Task Force.

As part of the collaborative process, the IHSS Task Force will forward information regarding persons with disqualifying prior convictions to CDSS, so that information can be included in the statewide ineligible provider list. The suspended/ineligible provider list will be routinely checked to determine if potential providers are eligible to provide services and to exclude those who are ineligible.

DHHS has a long history of working with CDSS on program integrity issues. Sacramento County has one of the most comprehensive Quality Assurance efforts, which has existed since shortly after SB1104 was passed. DHHS has worked hand-in-hand with the state as it developed its new program regulations, new enrollment forms, hourly task guidelines, its reporting requirements and the entire effort related to Quality Assurance. The Department of Health and Human Services generates regular quarterly reports to CDSS, which go far beyond the provision of data only. Staff has attended all

trainings. The Quality Management Program Manager also oversees Administrative Hearings and regularly participates in the CDSS workgroups. All of those efforts will continue as the IHSS Task Force moves forward and it will incorporate any and all new program reporting requirements.

5. Mechanism for Tracking / Reporting Fraud Data and Activities

Historically in Sacramento County, there were three partners in the handling of fraud related matters: the Department of Health and Human Services (DHHS), the Department of Human Assistance (DHA) Fraud Investigations, and the District Attorney's Office (DA) Fraud Prosecution. Each of these three agencies had separate systems to capture data related to In-Home Supportive Services (IHSS) fraud activities.

- DHHS captured data related to overpayments and investigations by the Fraud social workers, along with all information about the recipients, providers and the payroll process.
- DHA captured all of the pertinent information related to fraud referrals (numbers, referral source, types of referrals, amount of fraud, status of investigation and cases handled administratively or referred to the DA for prosecution). This data was reported to DHHS on a monthly basis.
- The DA kept all data related to the prosecution aspect of the effort (number of cases referred, number returned for additional investigation, number rejected, number charged and the outcome of the prosecution process). This data was reported to DHHS on a quarterly basis.

On a quarterly basis, all of these disparate data systems would provide information to the IHSS Quality Assurance Program Manager, who was and is responsible for reporting such data to the California Department of Social Services and to the Department of Health Care Services, upon request.

In June 2009, the Sacramento County Board of Supervisors authorized the establishment of the IHSS Task Force to expand the County's efforts to investigate and prosecute IHSS fraud. An Executive Committee oversees the IHSS Task Force which is staffed collaboratively by the three agencies and the Department of Health Care Services (DHCS).

Currently, the three separate data systems are still generating and managing their parts of the data. The DA, as the lead agency, is collating the data from the various sources, which now also includes additional information generated through DHCS efforts. The data from the new processes are currently being stored in an Excel spreadsheet as a new system is created.

A more streamlined system will be built to capture all pertinent data and generate reports utilizing the District Attorney's existing Integrated Management of Networking Databases (DAIMOND) system. DAIMOND will be adapted to fold in the other information from all four agencies that provide IHSS fraud related data, becoming the sole repository. It is important to use DAIMOND because it is the only data system that can connect to the Court system for cases requiring prosecution.

In the next few months, when the record management system has been created within the DAIMOND system, all existing data for Fiscal Year 2009-10 will be downloaded into DAIMOND, where this information will be maintained and updated.

While DAIMOND will be the central repository for all fraud efforts in Sacramento County, there are at least two additional fraud referral sources that will provide information to DAIMOND. Those two sources include DHA's Case Update Tracking and Eligibility (CUTE) system and DHCS records. CUTE was recently recognized by the National Association of Counties (NACo) for its ability to interface with multiple data sources to accurately detect potential fraud. CUTE will execute monthly data matches against death, incarceration, child care and arrest/conviction history records to find and "flag" any potential fraud cases. In addition, scheduled data matches with DHCS records of recipients hospitalized, or in skilled nursing facilities, will be performed to "flag" any potential fraud cases in that area. These "flagged" cases will be forwarded to the DAIMOND system as fraud referrals. It is the Task Force's intention to continue to develop these systems so all information is coordinated and data transfer is automated.

As the record management system for Sacramento County's IHSS Task Force, the DA's DAIMOND system will be the mechanism for tracking and reporting outcomes of the fraud investigations and program integrity efforts. At the end of each fiscal year, the IHSS Task Force will have the capability to generate reports identifying the number of referrals, cases referred for prosecution, convictions, and restitution; and the various sources of referrals, type of referrals, civil overpayments, and the projected cost savings of all program integrity/fraud efforts. The data reports will be part of the regular IHSS report to CDSS and DHCS, in the format provided by the state.

6. County's Current and Proposed Anti-Fraud Activities

Enhance Fraud Detection and Prevention Efforts

Outreach

Current:

Prevention efforts include presentations to the employee organization representing providers, development of a fraud brochure that goes to every applicant for services and the recent implementation of a Provider Enrollment Project and the development of a Provider Responsibility Checklist, which must be signed by the provider prior to enrollment in the payroll system. This Provider Responsibility Checklist was developed in collaboration with the Department of Human Assistance (DHA) Investigative staff and the District Attorney (DA) staff.

Proposal:

Successfully preventing In-Home Supportive Services (IHSS) fraud requires knowledge of the rules and regulations, knowledge of what conduct is fraudulent, and an appropriate deterrent to keep those who are considering cheating the system from doing it. While the large scale thief is not going to be deterred, a provider or recipient who engages in check splitting or inflating service hours because they erroneously believe "everyone does it", will be deterred when they understand the conduct is fraud and that they will be investigated and prosecuted. Outreach will be made to the following groups:

1. **IHSS Advisory Committee:** The IHSS Advisory Committee is the group most knowledgeable about the challenges faced by legitimate recipients and how dependent they are on their providers. The IHSS Task Force made a presentation to the Advisory Committee on September 16, 2009 and the IHSS Task Force proposal was shared. The Advisory Committee was appreciative of the presentation. The Deputy District Attorney on the IHSS Task Force will attend monthly meetings to provide information and answer questions and concerns.
2. **Community:** Cultural, faith and special needs groups. Language appropriate brochures and links to provide DA website information in various foreign languages.
3. **Law Enforcement:** Patrol officers, drug task force officers, and probation officers
4. **Deputy District Attorneys** working in Domestic Violence and Elder Abuse units
5. **First Responders:** All fire agencies and emergency medical services who often respond to a call unrelated to IHSS and stumble upon the fraud.

Letters to All Providers and Recipients

Current:

An IHSS Recipient Rights and Responsibility form (SC351) is provided to every applicant and existing recipient at the time of the intake assessment or reassessment. The recipient is required to inform his/her provider about the IHSS program and no separate letter is sent to the provider outlining his/her rights and obligations.

Proposal:

A proactive letter from the DA's IHSS Task Force will be sent to all providers and recipients explaining the formation and goals of the Task Force and will highlight the program's rights and responsibilities. The letter will describe fraud and encourage the reporting of IHSS fraud as it takes away funds from honest providers and recipients. Instructions on how to contact the Task Force and report fraud either by telephone or online will be included. This letter will hopefully empower recipients who may have been intimidated or threatened by his/her provider to report fraud by letting them know that law enforcement is now going to be monitoring the situation.

Provider Orientation and Training

Current:

The Department of Health and Human Services (DHHS) and the IHSS Public Authority have conducted separate orientation and trainings. The Public Authority did orientation for the small percentage of the providers on the registry. In December 2008, DHHS launched a pilot orientation and provider enrollment process requiring providers to supply photo ID and social security cards, and attend a class outlining the program and what constitutes fraud. That effort will be transitioned to the Public Authority as of November 1, 2009 with the advent of the new state provider enrollment process.

Proposal:

All state mandated provider orientation will be provided and administered by the Sacramento County Public Authority, whose current data base will allow tracking of the 22,000 providers in Sacramento County. In addition to the standardized fraud training provided by the CDSS, a member of the IHSS Task Force will give a live presentation at every orientation. The presentation will build on that provided by CDSS and be standardized so that everyone who is documented to have attended training can be presumed to have certain knowledge for future prosecutions. The material will be augmented to include the role of the IHSS Task Force in Sacramento County and the serious nature of IHSS Fraud. Although live orientations are not state mandated at this time except for new providers, it is the goal of Sacramento County to encourage all providers to attend the orientation as the easiest way to get the information they are required to receive and the least expensive way to be fingerprinted. At all provider orientations, each provider will be fingerprinted with LiveScan and will be required to sign the appropriate forms acknowledging they understand their responsibilities and what constitutes IHSS authorized services.

DOJ Background Checks

Current:

Department of Justice (DOJ) background checks are required for all applicants to the Public Authority's Caregiver Registry. IHSS recipients may also request a DOJ background check on a current or prospective provider.

Proposal:

Consistent with a new State mandate, all IHSS providers must have DOJ background checks along with presenting photo IDs, social security cards and completing forms indicating their understanding of program requirements and willingness to comply with those standards. The Public Authority will take responsibility for assuring all new and existing providers comply with the newly mandated standards including reviewing DOJ background reports for the current 21,000 providers by June 30, 2010. In addition, about 7,500 new providers will be similarly processed annually. As providers are identified who do not meet the new standards, the provider and his/her identified recipient will be notified that the provider is ineligible to be an IHSS provider and the DHCS and CDSS will be notified as appropriate. The Caregiver Registry will work with IHSS recipients who may immediately need new providers to assure the recipients ability to remain safe and independent.

Data Matches

Current:

Vital records death match list, state error reports and incarcerated persons information checked against providers and recipients via Case Update Tracking & Eligibility (CUTE) system.

Proposal:

Continue use of the CUTE system but the Task Force will improve the timing on data matches and expand its use to include screening for disqualifying prior convictions to prevent ineligible provider applicants from becoming providers and collecting funds. Data matches will also be used to stop providers from collecting payment when the recipient is no longer eligible to receive IHSS services (e.g. recipient is deceased, incarcerated, hospitalized or in a skilled nursing facility), or when the provider is incarcerated. Stopping the money from being paid is more effective than collecting restitution after the fact. Improved timing, use of the data matches and cross checks of the systems will include monthly data matches by Criminal Investigators and Investigative Assistants to be used as an investigative tool. As the IHSS Task Force incorporates both state and county Criminal Investigators onto the team, they have access to check the following data systems:

- Vital Records
- Recipient in skilled nursing facility
- Recipient being paid via the child care system
- Recipient or provider incarcerated

- Provider has an active warrant
- Provider has been convicted of a crime that makes them ineligible to be a provider
- MISDSS to cross check provider claims with hospital and skilled nursing facility stays
- W&I Code 12305.7 overpayments between Medi-Cal claims and IHSS Paid service hours

Although not always fraud, the following data matches will be conducted to determine if there is need to begin a fraud investigation, as these matches are “red flags” and often lead to the discovery of fraudulent activity.

- Provider and recipient with same SSN
- Provider and recipient have the same address
- Providers with PO boxes
- Providers claiming work over 300hrs a month
- Multiple recipients at same address
- Recipients who have not had a provider in over 60 days.

IHSS Payroll will be notified and payment stopped in the appropriate cases when incontrovertible data match evidence shows payment should not be made. An example of this is when a timesheet is submitted by a provider for a time that provider was in custody in the County Jail, or when that recipient was in a skilled nursing facility. Expanded team membership will create capacity to follow-up on these issues more quickly.

Deterrent Publicity

Current:

A Fraud brochure is available and provided at every intake and reassessment home visit. It was also provided to all new providers who attended the provider enrollment orientation and to various outside groups upon request.

Proposal:

The IHSS Task Force will use media outlets to inform the public of the IHSS Task Force, how to report IHSS fraud and penalties for committing fraud. The plan includes:

- Kick off press conference in early November 2009
- Warrant sweep
- Press releases on notable filings and convictions
- Public service announcements
- Fraud Hotline poster
- Advertisements in cultural specific publications

Target Letters

Current:

Warning letters sent in suspected check splitting cases, and information regarding Labor Board and Small Claims Court sent in provider versus recipient disputes.

Proposal:

Expand use of letters sent from the IHSS Task Force to address situations including:

- Cases of uncharged fraud
- Providers under investigation for fraud
- Providers having a disqualifying prior
- IHSS Task Force thank-you letter to referral source and disposition of referral

Increase Fraud Referrals

Current:

The vast majority of fraud referrals come from the IHSS Social Workers. A sophisticated thief is often able to hide fraud from the social worker who has limited contact, but not from family, neighbors or others who respond to the residence.

Proposal:

To increase fraud referrals from IHSS Social Workers and expand the referral sources requires increased education to those sources to recognize when IHSS is being used in a manner that is not legal and an explanation of how and where to report that fraud.

Social Worker (SW) Presentation and Partnership

The IHSS Task Force is scheduled to make a presentation to the Social Workers to explain the IHSS Task Force goals and project plan. This presentation will educate Social Workers on what type of activities are fraudulent and certain warning flags that all Social Workers should be on the lookout for when conducting an evaluation, visiting a recipient or meeting a provider. The Social Workers will have direct access to the IHSS Task Force both by telephone and online. The lead Deputy District Attorney will present best practices for documenting the file to show fraud and sustain it at an administrative hearing or trial. In addition, training will be given to ease the stress of testifying at hearings or trials. The IHSS Task Force intends to form a partnership with the Social Workers that will foster open communication.

Increased Awareness

The Task Force expects increased referrals by increasing community, law enforcement, and first responder awareness of IHSS fraud and how to report it. Training will be given to all agencies on recognition that IHSS is involved and how to access the on-line reporting currently on the DA website. In addition, law enforcement will be able to directly contact by phone any member of the Task Force to discuss IHSS issues. Training will also be given to the Probation Department to recognize and report

situations in domestic violence or elder abuse cases when a probationer is also an IHSS provider. Medical professionals will also be trained in various settings to be more aware of IHSS requirements. The DHHS contracts with a medical doctor who is available to consult in situations where the medical documentation seems out of line with the Social Worker's observations. The medical doctor can speak to a recipient's doctor about the program requirements and confirm the real level of recipient needs. The DHHS contract doctor will be consulted in suspected fraud cases when appropriate to determine a medical necessity for services.

Increase Quantity and Quality of Fraud Investigations

Current:

Historically, the two DHHS Fraud Social Workers and three DHA Criminal Investigators conducted investigations using known investigative techniques. These techniques were limited by the volume of referrals and lack of "unmanned" surveillance equipment. Unfortunately, in most cases, Fraud Social Workers and Criminal Investigators were unable to conduct necessary surveillance when a Social Worker or hearings specialist suspected a recipient of fraudulently presenting a condition that made them in need of IHSS services.

Proposal:

Currently the 16 member IHSS Fraud Task Force has two Investigative Assistants able to conduct preliminary investigative work on many of the fraud referrals. This allows the seven sworn Criminal Investigators time to conduct detailed fraud investigations. These investigations may include surveillance of recipients whose conditions are suspect, and their care providers. In many IHSS fraud cases, video and/or audio recorded surveillance of fraudulent recipients and providers will provide the evidence needed to deny or discontinue a case, prevail at a Fair Hearing, or successfully prosecute the most egregious violators. Surveillance equipment using current technology, as detailed in the budget, and as is currently being used in Fresno County, is the key to developing the best evidence in these cases. In addition, unmanned surveillance equipment is capable of 24-hour surveillance with little or no additional costs when fraud is suspected. Surveillance evidence will be used by Criminal Investigators in addition to traditional investigation techniques, and not as a replacement to interviewing those who submit fraud referrals on the hotline, neighbors, relatives and others in a position to observe the actions of the recipient household.

7. County Proposed Budget for Utilization of Funds

County of Sacramento
County Proposed Budget for Utilization of Funds
For FY 2009-10 IHSS Fraud DA/Activities

Comments:

The following budgets are based on full year loaded cost for positions in each agency.

Ongoing costs are based on full year cost.

One time costs are included in their entirety

Sacramento County Budget Summary

Cost Description	FTE's	Hours/Number	Loaded Rate/Hr/Unit Cost	Sub- Total	Total
Staffing	18.8				2,772,931
IT Costs					289,385
Postage and Printing					126,112
Training					3,828
Equipment					63,352
Miscellaneous Program Costs					44,219
Contracted Services					25,000
Total Costs					3,324,827

District Attorney

Cost Description	FTE's	Hours/Number	Loaded Rate/Hr/Unit Cost	Sub-Total	Total
Staffing:					
Employee Classification					
Criminal Investigator	2	3,600	134.66	484,776	
Investigative Assistant	1	1,800	74.26	133,668	
Paralegal	1	1,800	59.79	107,622	
Legal Secretary 2	1	1,800	58.1	104,580	
Subtotal Staffing					830,646
IT Project Start-Up					
Staffing:					
Employee Classification					
Programming Personnel Director		250	144.42	36,105	
IT Analyst II		120	94.36	11,323	
Senior Analyst		160	115.98	18,557	
Subtotal Staffing				65,985	
Equipment:					
Laptops		13	1,800.00	23,400	
Subtotal IT Project Start-Up					89,385
Postage and Printing Costs					
Postage/Envelopes				19,020	
Printing Charges				2,000	
Brochures				1,703	
Subtotal Postage and Printing Costs					22,723
Training		4	957.00	3,828	
Subtotal Training					3,828
Miscellaneous Program Costs					
Phones				376	
Facility Cost				39,800	
Advertising				3,811	
Warehouse Storage				232	
Subtotal Miscellaneous Program Costs					44,219
Total District Attorney Costs					990,801

The District Attorney and the Department of Human Assistance will perform the following IHSS fraud prevention, investigation and detection activities:

Paralegal

A Paralegal provides legal research of IHSS laws and regulations as it pertains to State, Federal and local jurisdictional interpretations. The IHSS Paralegal works closely with the IHSS Chair/Director in the development and research of public awareness forums such as internal and external statements, Power Point development, statistical collections, public relations and public presentations. The Paralegal also completes research of statewide best practices and assists with the development of internal procedures.

Criminal Investigator

When the Criminal Investigator gets a case, he/she will review all of the information gathered to confirm the investigation should go forward. The Criminal Investigator will then obtain additional documentation such as jail records, criminal history, vehicle history, bank records, rental agreements, etc. In addition, the Criminal Investigator will gather information through witness interviews, suspect interviews, surveillance operations, writing and serving search warrants, etc. Once the investigator feels the investigation is complete, he/she will again review the case, along with all evidence gathered, to determine whether or not the case should go forward. If the Criminal Investigator feels there was no actual fraud, or fraud cannot be proven beyond a reasonable doubt, the case is forwarded to a supervisor with a report and recommendation for closure. If it appears fraud has occurred, the Criminal Investigator will write a full report of his/her findings and submit this report to his/her supervisor with a recommendation that the case be forwarded to the Deputy District Attorney for possible criminal charges.

The report, along with copies of all the evidence gathered, is presented to the Deputy District Attorney. The Deputy District Attorney will review the report and evidence, and if he/she agrees that fraud has been proven, will file a complaint with the court to have an arrest warrant issued. Once an arrest warrant has been issued, the Criminal Investigator will serve the arrest warrant and take the suspect into custody. The Criminal Investigator will then testify to the facts of his/her investigation at any subsequent court proceedings.

Investigative Assistant

An Investigative Assistant working IHSS fraud reviews fraud referrals from IHSS Social Workers, law enforcement agencies, and the general public. The Investigative Assistant, after receiving a complaint, will order the IHSS case file, as well as time sheets, pay warrants, marriage certificates, death certificates, hospital records, criminal histories and any other relevant documentation. Investigative Assistants perform preliminary investigative work on referrals and take the appropriate action on the referral (i.e. recommend termination of a provider or recipient, refer the case to Criminal Investigators or Fraud Social Workers, calculate overpayments, and/or run criminal history checks on suspects). Investigative Assistants also actively search for fraud by completing data matches between existing providers and recipients to jail records, hospital/skilled nursing facility records, Vital Statistics, the Coroner, and other state and county databases. The Investigative Assistant will write a report on each referral of his/her findings recommending further investigation or closure, and calculate overpayment if necessary.

Clerical

Clerical employees for the IHSS Fraud Task Force provide frontline support for the unit. Clerical employees take all phone calls and refer the callers to the appropriate employee. Clerical employees also handle the phone calls to the Fraud Line and monitor emailed fraud referrals from the community, law enforcement, and Social Workers. All new referrals are entered by clerical employees into a case management system and assigned a case number. Monthly statistics are calculated based on the referrals listed in the case management system. The system is also updated when the cases are assigned to different members of the Task Force. Data on overpayments, monthly cost savings, and early detection cost savings are also entered by clerical employees into the database. Additional documentation, paperwork, and case files are ordered by Task Force members through clerical employees. Clerical employees attend all unit meetings, compile minutes, and designate tasks for follow up. Clerical employees assist in developing community, law enforcement, and Social Worker presentations on fraud awareness and prevention.

Department of Human Assistance

Cost Description	FTE's	Hours/ Number	Loaded Rate/Hr/Unit Cost	Sub- Total	Total
Staffing					
Criminal Investigator	3		241,978.00	725,934	
Investigative Assistant	1		133,094.00	133,094	
Supervising Criminal Investigator	0.5		280,694.00	140,347	
Subtotal Staffing					999,375
Equipment					
Fully equipped "pole" cameras and accessories with monthly air card	2		1,500.00	3,000	
Self-recording surveillance camera	2		400.00	800	
Weatherproof wireless cameras with DVD	2		800.00	1,600	
GPS Tracking Devices plus mtce fee	2		640.00	1,280	
Surveillance Van (Lease Cost per year)	1		5,280.00	5,280	
One time van equipment cost	1		20,000.00	20,000	
Subtotal Equipment					31,960
Total Department of Human Assistance Costs					1,031,335

The Department of Human Assistance will perform the following IHSS fraud prevention, investigation and detection activities:

Description of activities is contained in the District Attorney section.

IHSS Public Authority

Cost Description	FTE's	Hours/Number	Rate/Hr/Unit Cost	Sub- Total	Total
Staffing					
Sr. Office Assistance	2		64,973.00	129,946	
Registry Specialist	0.4		74,665.00	29,866	
Social Worker	0.4		81,179.00	32,472	
Subtotal Staffing					192,284
Postage and Mailing Cost					
Postage Provider and Recipient Notices		50,000	0.44	22,000	
Mail Preparation, Envelopes and Letter		50,000	0.85	42,500	
Subtotal Postage and Mailing Cost					64,500
Equipment					
Desktop Computer, Software, License , Etc	1		9,020.67	9,021	
Laptop Computers, Software, License, Etc	2		9,020.67	18,041	
Subtotal Equipment					27,062
Total IHSS Public Authority Costs					283,846

The IHSS Public Authority will perform the following IHSS fraud prevention, investigation and detection activities:

Sr. Office Assistants will serve as custodians of records to determine provider eligibility based on Department of Justice background reports.

Social Worker will conduct orientations associated with fraud prevention.

Registry Specialist will conduct orientations associated with fraud prevention.

Department of Health and Human Services

Cost Description	FTE's	Hours/Number	Loaded Rate/Hr/ Unit Cost	Sub-Total	Total
Staffing					
Casework Staff	4.5		135,602.00	610,209	
Program Admin Staff	1.0		90,645.00	90,645	
Clerical Staff	1.0		49,772.00	49,772	
Subtotal Staffing					750,626
Postage and Mailing Cost					
Mailing Charges				13,000	
Printing Charges				25,889	
Subtotal Postage and Mailing Cost					38,889
Information Technology and Programming					
Equipment					200,000
Computer Notebooks				800	
Air Cards				2,160	
Scanners				704	
Digital Voice Recorders				316	
Digital Voice Camera				350	
Subtotal Equipment					4,330
Contracted Services - Medical Review					25,000
Total Department of Health and Human Services					1,018,845

The Department of Health and Human Services will perform the following IHSS fraud prevention, investigation and detection activities:

Human Services Social Workers Range B

Fraud/Program Integrity Social Workers conduct preliminary investigations on fraud referrals; interview recipients, providers and referrals sources; work with social work staff providing information on fraud and fraud prevention activities; conduct information sessions with physicians and outside agencies; calculate all fraud overpayments; provide program expertise to fraud investigative staff; testify in court as program experts; perform other fraud prevention activities; state error reports, 300 hour reports, out-of-county provider reports, death match reports; and, will handle the newly required unannounced home visits.

Administrative Services Officer 2

Coordinate the integration of IHSS data systems with the fraud reporting processes; coordinate fraud related data matches with DHA's CUTE and DA's DAIMOND systems; coordinate the data reporting to CDSS for IHSS on all fraud activities; run regular data pulls from the ADAM, DOCIS and CMIPS systems related to fraud research; and, handle all other identified issues as they arise.

Human Services Social Worker Master's Degree

Provide coordination of all financial abuse/fraud protective service interventions for referred IHSS recipients and coordinate with the Fraud Task Force. The Human Services Social Worker Master's Degree will handle IHSS recipients who are victims of financial abuse, care provider fraud, or fraud committed against them by others (family members, friends, financial institutions, etc.).

Human Services Program Specialist

A Hearing Specialist will specialize in cases that are concurrently State Hearing Appeal cases and fraud referrals. The Human Services Program Specialist will coordinate with the Fraud Task Force working to ensure that these cases are coordinated and that documentation supports the county in hearings on these adverse actions which often provide aid paid pending to the provider despite the fraud allegations. The Human Services Program Specialist will act as a point person for all Hearing Specialists to collaborate with the Fraud Social Workers or Criminal Investigators regarding surveillance of problematic recipients or providers that are utilizing the hearing process to circumvent Task Force proposed reductions or discontinuances.

Office Assistant Level 2

The Office Assistant Level 2 provides clerical support to the fraud Criminal Investigators and the Investigative Assistant at the IHSS site; monitors the fraud hotline; maintains investigative records; collects and copies files from Social Workers on fraud referrals; and, handles data entry into the Fraud data system.

8. Description of how the County will Integrate Other Program Integrity Efforts within the Plan

Since the passage of SB1104, which established the parameters governing Quality Assurance and Fraud efforts in 2004, the program integrity efforts in Sacramento County are the responsibility of the Department of Health and Human Services (DHHS) In-Home Supportive Services (IHSS) Quality Management unit. Established shortly after SB1104 was passed, it has worked diligently to address quality assurance and fraud.

Since 2004 this unit has:

- Established a Quality Assurance team of seven Social Workers, Supervisor, Planner and Program Manager;
- Submitted the original and subsequent annual Quality Assurance plans to the state;
- Handles all state quarterly reporting requirements;
- Implemented the Hourly Task Guidelines and substantially improved program documentation;
- Conducts monthly random case reviews from the caseload of the Social Workers in IHSS, providing regular feedback to the Social Workers, program supervisors and management;
- Participated fully in the trainings offered through the state;
- Handles all state error reports including the Death Match and State Annual Error Reports;
- Provided fraud information sessions for the provider union and program social work units;
- Expanded the fraud efforts in collaboration with Department of Human Assistance and the District Attorney;
- Collaborates with Adult Protective Services, which is responsible for case management of financial abuse cases, including fraud for IHSS recipients;
- Developed and implemented plans to address overdue renewals in Sacramento County; and,
- Provides a ready conduit to staff regarding changes in regulations or program expectations through QA staff and Administrative Hearings.

The new fraud effort, embodied by the IHSS Task Force, will expand prevention, detection, investigation and prosecution efforts. The two Fraud Social Workers on the IHSS Task Force continue to be part of the Quality Assurance team and are jointly responsible in their work. The Quality Assurance team will continue to work with IHSS, Adult Protective Services and the Public Authority on prevention efforts such as

the Provider Enrollment process, the IHSS work on state developed Error Reports, and the Financial Abuse case intervention efforts of Adult Protective Services. In addition, the new IHSS Fraud team will provide investigative support when needed to Administrative Hearings and Quality Assurance efforts. Administrative Hearings will also increase as fraud referrals cause the reduction in authorized hours or the discontinuance of cases.

9. Annual Outcomes Report

Sacramento County commits to provide an Annual Outcomes Report by August 1, 2010 that will identify activities, data and outcomes associated with the efforts of this submitted proposal. This report will be in the format provided by the California Department of Social Services and will detail Sacramento County's efforts to mitigate, prevent, detect, investigate and prosecute IHSS fraud during the previous fiscal year. The Annual Outcomes Report will be submitted by August 1st for every fiscal year of funding.

ENCLOSURE D

Overpayments identified by County QA		04/05	05/06	06/07	07/08	08/09
Total Amount per Fiscal Year:		\$17,779	\$129,804	\$47,350	\$98,348	\$84,201
Number of Instances:		15	31	77	86	72
Breakdown of Causes	Provider:					
	Recipient:					
	County Error:					
	Unknown:	15	31	77	86	72
	Other:					
Underpayments identified by County QA		04/05	05/06	06/07	07/08	08/09
Total Amount per Fiscal Year:		0	0	0	0	0
Number of Instances:						
Breakdown of Causes	Provider:					
	Recipient:					
	County Error:					
	Unknown:					
	Other:					
Fraud Referrals/Outcomes		04/05	05/06	06/07	07/08	08/09
Number of referrals to DHCS:		0	0	0	0	0
Number of referrals to Sacramento County Fraud Investigators:		250	339	397	461	685
Number referred DA for prosecution:		30	20	32	32	40
Number of convictions:		24	15	28	26	15+
Court ordered restitution:		\$75,835	\$72,604	\$153,792	\$197,075	\$232,110
Amount of funds involved in convictions:		\$77,727	\$80,000	\$259,920	\$186,591	\$228,830
Amount of funds recovered: DR&R		\$22,349	\$23,366	\$41,016	\$56,451	\$61,785
Amount of funds pending recovery: DR&R		\$380,494	\$679,818	\$1,017,385	\$1,103,913	\$1,353,195
Basis for Conviction						
Individuals Responsible	Recipient:	2	5	10	12	8
	Provider:	29	20	29	30	38
	County staff:					
	Other:					
	Unknown:					

Utilization of County DA for Fraud		04/05	05/06	06/07	07/08	08/09
Documented referrals to DA*		23	16	31	33	40
Outcomes	Accepted:	24	15	25	28	24
	Rejected:	8	0	8	8	6
	Pending:	0	0	0	0	10
	Completed Investigation					
	No Fraud:	Unavailable	116*	76*	60*	58*
	Restitution Action:	Unavailable	86 cases*	69 cases*	80 cases*	81 cases*
	Referred for Prosecution:	23	16	31	33	40
	Criminal Charges Filed:	24	15	25	28	24
	No Charges Filed:	8	0	8	8	6
	Convictions:	23	19	27	27	31
	Acquittals:	0	0	0	0	0
	Dismissals:	1	1	1	1	3
	Pending Investigation:	0	0	0	0	2
	Restitution					
	Court Ordered:	\$75,834.96	\$72,603.91	\$153,792.20	\$197,074.60	\$232,110.10
	Restitution Action:	23 cases	20 cases	22 cases	24 cases	31 cases
	Fines	0	0	0	0	0
	Prosecutions Completed	23	19	27	27	31
	Convictions	23	19	27	27	31
	Misdemeanor:	20	16	17	19	20
	Felony:	3	3	10	8	11

* DA's Office did not handle IHSS fraud investigations until July 2009; data provided by DHA Investigations.

Budget Justification

Sacramento County's Fraud Funding Plan for FY 2009-10

Budget Section	Total
A. Personnel Costs (includes employee benefits)	\$ 247,221
B. Operating Expenses	\$ 152,235
C. Equipment Expenses	\$ 86,782
D. Travel/Per Diem and Training	\$ 3,828
E. Subcontracts and Consultants	\$ 25,000
F. Other Costs	\$
G. Indirect Expenses	\$ 317,635
Total Expenses	\$ 3,057,697

A. Personnel Costs (including employee benefits)	Total Budget
<p>Title: Criminal Investigator II – 5.0 FTE</p> <p>Salary Calculation: FY Salary (\$114,033) + Benefits (\$64,502) per FTE</p> <p>Duties Description: When the Criminal Investigator gets a case, he/she will review all of the information gathered to confirm the investigation should go forward. The Criminal Investigator will then obtain additional documentation such as jail records, criminal history, vehicle history, bank records, rental agreements, etc. In addition, the Criminal Investigator will gather information through witness interviews, suspect interviews, surveillance operations, writing and serving search warrants, etc. Once the investigator feels the investigation is complete, he/she will again review the case, along with all evidence gathered, to determine whether or not the case should go forward. If the Criminal Investigator feels there was no actual fraud, or fraud cannot be proven beyond a reasonable doubt, the case is forwarded to a supervisor with a report and recommendation for closure. If it appears fraud has occurred, the Criminal Investigator will write a full report of his/her findings and submit this report to his/her supervisor with a recommendation that the case be forwarded to the Deputy District Attorney for possible criminal charges. The report, along with copies of all the evidence gathered, is presented to the Deputy District Attorney. The Deputy District Attorney will review the report and evidence, and if he/she agrees that fraud has been proven, will file a complaint with the court to have an arrest warrant issued. Once an arrest warrant has been issued, the Criminal Investigator will serve the arrest warrant and take the suspect into custody. The Criminal Investigator will then testify to the facts of his/her investigation at any subsequent court proceedings.</p>	\$ 892,677
<p>Title: Investigative Assistant – 2.0 FTE</p> <p>Salary Calculation: FY Salary (\$60,987) + Benefits (\$34,659) per FTE</p> <p>Duties Description: An Investigative Assistant working IHSS fraud reviews fraud referrals from IHSS Social Workers, law enforcement agencies, and the general public. The Investigative Assistant, after receiving a complaint, will order the IHSS case file, as well as time sheets, pay warrants, marriage certificates, death certificates, hospital records, criminal histories and any other relevant documentation. Investigative Assistants perform preliminary investigative work on referrals and take the appropriate action on the referral (i.e. recommend termination of a provider or recipient, refer the case to Criminal Investigators or Fraud Social Workers, calculate overpayments, and/or run criminal history checks on suspects). Investigative Assistants also actively search for fraud by completing data matches between existing providers and recipients to jail records, hospital/skilled nursing facility records, Vital Statistics, the Coroner, and other state and county databases. The Investigative Assistant will write a report on each referral of his/her findings recommending further investigation or closure, and calculate overpayment if necessary.</p>	\$ 191,293

<p>Title: Supervising Criminal Investigator – 0.45 FTE</p> <p>Salary Calculation: FY Salary (\$119,205) + Benefits (\$88,949) per FTE</p> <p>Duties Description: Responsible for the supervision of the criminal investigation unit for the Department of Human Assistance within the IHSS Fraud Task Force, including Criminal Investigators, Investigative Assistants and support staff. The Supervising Criminal Investigator will provide technical guidance to investigative staff during the course of an IHSS investigation. He or she assigns, evaluates and supervises the work of the investigative unit as they perform civil and criminal investigative tasks. Monitors the progress of IHSS fraud investigations until completion, and then reviews the completed investigations and reports for comprehensiveness and accuracy. Reviews correspondence and reports of sworn and non-sworn investigators for consistency with laws and accuracy. Supervises the compilation of caseload statistics and maintains statistical records. Coordinates assigned activities with other investigative units and outside agencies.</p>	<p>\$ 93,669</p>
<p>Title: Paralegal – 1.0 FTE</p> <p>Salary Calculation: FY Salary (\$60,795) + Benefits (\$16,693) per FTE</p> <p>Duties Description: A Paralegal provides legal research of IHSS laws and regulations as it pertains to State, Federal and local jurisdictional interpretations. The IHSS Paralegal works closely with the IHSS Chair/Director in the development and research of public awareness forums such as internal and external statements, Power Point development, statistical collections, public relations and public presentations. The Paralegal also completes research of statewide best practices and assists with the development of internal procedures.</p>	<p>\$ 77,488</p>
<p>Title: Legal Secretary II – 1.0 FTE</p> <p>Salary Calculation: FY Salary (\$58,502) + Benefits (\$16,796) per FTE</p> <p>Duties Description: The Legal Secretary II (LS II) for the IHSS Fraud Task Force provides frontline support for the unit including, but not limited to clerical, investigative, research and technical support. The LS II answers all phone calls, takes messages, and refers the callers to the appropriate Task Force member for follow up and processes the messages left on the Fraud Hotline as well as those fraud referrals that are e-mailed from the community, law enforcement, and Social Workers. All referrals are reviewed by the LS II in the IHSS computer system to ensure that the parties are verified within the IHSS program. Once verified, new fraud referrals are entered into a case management system and assigned a case number. Monthly statistics are calculated by the LS II based on the referrals listed in the case management system. This case management system is updated at various stages in the investigation process, particularly when the cases are re-assigned as the case progresses through the investigative process. Additional documentation, paperwork, and case files are ordered through the LS II. The LS II attends all unit meetings, compiles minutes, and designates tasks for follow up. In addition, the LS II provides technical and computer assistance in developing community, law enforcement, and Social Worker presentations on fraud awareness and prevention using Power Point. The LS II also schedules the daily criminal investigator anti-fraud presentations at the Public Authority. The LS II regularly contacts other county and nonprofit agencies for information regarding their policies and procedures in order to obtain data on how the Task Force can work more closely and effectively with their agency. The LS II provides assistance and support to the Investigative Assistants by completing preliminary investigative work on cases that are set for administrative hearing by researching the parties involved in Accurint, iClets, Known Persons, and other law enforcement databases for information. The LS II also completes all necessary paperwork in order to ban providers from the IHSS program due to certain criminal convictions by requesting court minute orders, completing paperwork to submit to the California Department of Social Services and the Office of the Inspector General, and contacting IHSS payroll to have the provider banned in CMIPS, the statewide IHSS payroll system.</p>	<p>\$ 75,298</p>
<p>Title: Human Services Social Workers – 3.5 FTE</p> <p>Salary Calculation: FY Salary (\$61,414) + Benefits (\$29,300) per FTE</p> <p>Duties Description: Conduct orientations for new and existing IHSS recipients, respond to questions about the enrollment process and fraud prevention activities.</p> <p>Conduct preliminary investigations on fraud referrals; interview recipients, providers and referrals sources; work with social work staff providing information on fraud and fraud prevention activities; conduct information sessions with physicians and outside agencies; calculate all fraud overpayments; provide program expertise to fraud investigative staff; testify in court as program experts, and perform other fraud</p>	<p>\$ 317,499</p>

<p>prevention activities - state error reports, 300 hour reports, out-of-county provider reports, death match reports, and will handle the newly required unannounced home visits.</p> <p>Provide coordination of all financial abuse/fraud protective service interventions for referred IHSS recipients and coordinate with the Fraud Task Force. HSSW will handle IHSS recipients who are victims of financial abuse, care provider fraud or fraud committed against them by others (family members, friends, financial institutions, etc.).</p>	
<p>Title: Human Services Specialist – 0.4 FTE</p> <p>Salary Calculation: FY Salary (\$49,489) + Benefits (\$25,176) per FTE</p> <p>Duties Description: Conduct orientations for new and existing IHSS recipients, respond to questions about the enrollment process and fraud prevention activities.</p>	\$ 29,866
<p>Title: Human Services Program Specialist – 0.9 FTE</p> <p>Salary Calculation: FY Salary (\$73,289) + Benefits (\$35,197) per FTE</p> <p>Duties Description: A hearing specialist will specialize in cases that are concurrently State Hearing Appeal cases and fraud referrals. HSPS will coordinate with the Fraud Task Force working to ensure that these cases are coordinated and documentation supports the county in hearings on these adverse actions, which often provide aid paid pending to the provider despite the fraud allegations; HSSP will act as a point person for all the Hearing Specialists to collaborate with the fraud social workers or investigators regarding surveillance of problematic recipients or providers that are utilizing the hearings process to circumvent task force proposed reductions or discontinuances.</p>	\$ 97,637
<p>Title: Administrative Services Officer II – 0.9 FTE</p> <p>Salary Calculation: FY Salary (\$77,172) + Benefits (\$34,399) per FTE</p> <p>Duties Description: The ASO2 coordinates the integration of IHSS data systems with the fraud reporting processes, including fraud related data matches with DHA's CUTE and DA's DAIMOND systems; coordinates the data reporting to CDSS for IHSS on all fraud activities; runs regular data pulls from the ADAM, DOCIS and CMIPS systems related to fraud research and identified issues, as they arise.</p>	\$ 100,414
<p>Title: Sr. Office Assistant – 1.8 FTE</p> <p>Salary Calculation: FY Salary (\$41,281) + Benefits (\$23,692) per FTE</p> <p>Duties Description: Refer applicants for DOJ background screening and review results. Make determination of eligibility for IHSS program based on state standards for participation, respond to inquiries about the DOJ screening process, notify applicants of status and provide information about appeals process.</p>	\$ 116,951
<p>Title: Office Assistant II – 0.9 FTE</p> <p>Salary Calculation: FY Salary (\$34,181) + Benefits (\$20,150) per FTE</p> <p>Duties Description: Staff provides clerical support to the fraud investigators and the investigative assistant at the IHSS site; monitors the fraud hotline; maintains investigative records; collects and copies files from social workers on fraud referrals; handles data entry into the fraud data system.</p>	\$ 48,898
<p>Title: Information Technology Division Staff</p> <p>Salary Calculation: See Below</p> <p>Duties Description: Several DA Information Technology Division staff will work to design and configuration a system that integrates data from DHHS, DHA, Public Authority and the DA into one cohesive system that can track statistics for reporting for the IHSS Fraud Prevention, Detection, Investigation, and Integrity Program. Staff time will be tracked and billed at the loaded labor rates as</p>	\$ 430,527

follows: IT Division Chief (\$144.42), Senior IT Analyst (\$115.98), and IT Analyst II (\$94.36).	
A .11 FTE Senior IT Analyst (FY Salary \$94,144 + Benefits \$43,366) in DHA will use the CUTE system for data matches to screen for: <input type="checkbox"/> Providers and recipients with same SSN <input type="checkbox"/> Provider and recipient have the same address <input type="checkbox"/> Provider with PO boxes <input type="checkbox"/> Providers claiming work over 300 hrs a month <input type="checkbox"/> Multiple recipients at same address <input type="checkbox"/> Recipients who have not has a provider in over 60 days	
Total Personnel Costs:	\$ 2,472,217

B. Operating Expenses	Total Budget
Title: Facility Costs Description: Cost for space and telephones utilized by non DA staff for the IHSS Fraud Program. Facility costs from October 1st are estimated at \$31,032 and telephones are estimated at \$4,381.	\$ 35,413
Title: Printing and Postage Description: Postage, envelopes, and printing charges for brochures in multiple languages regarding the IHSS eligibility protocol; multi-cultural informational advertising of IHSS protocols; mailing DOJ results to IHSS providers and recipients; warehouse storage for closed files, etc; and miscellaneous other program costs.	\$ 116,822
Total Operating Expenses:	\$ 152,235

C. Equipment Expenses	Total Budget
Title: Surveillance Van Description: Surveillance van (lease cost per year \$5,280) and one time van equipment cost (\$20,000)	\$ 25,280
Title: Laptops Description: Purchase of 13 laptops, one for each team member. Laptops will enable team members to work offsite as needed and to update and access case notes and files from the site of the home visit or vehicle. Direct communication with attorney staff and support staff increases efficiency and allows for instant update within the IHSS Task Force computer system.	\$ 23,400
Title: Notebooks and Aircards Description: Purchase of 4 Notebooks with aircards (\$740 per unit) and scanners (\$176 per unit) for DHHS staff	\$ 3,664
Title: DOJ LiveScan Equipment Description: Purchase of the equipment to perform DOJ livescan (digital fingerprinting) servcies, at \$13,546 per unit (computer, software, scanner, secure cabinet, etc.)	\$ 27,092
Title: Cameras and Recording Equipment Description: 2 Fully equipped "pole" cameras, accessories, and monthly air card (\$1,500 each), 2 Self-recording surveillance cameras (\$400 each), 2 Weatherproof wireless cameras with DVR (\$800 each), 4 digital voice recorders (\$79 each) and 1 digital video camera with accessories (\$350).	\$ 6,066

Title: GPS Tracking Devices	\$ 1,280
Description: 2 GPS tracking devices plus mtce fee (\$640 each)	
Total Equipment Expenses:	\$ 86,782

D. Travel/Per Diem and Training	Total Budget
Title: Training Costs	\$ 3,828
Description: Training for DA IHSS Fraud staff in the area of IHSS fraud. Topics to include understanding the key components of successful IHSS assessment; required knowledge of various rules, regulations and guidelines for County, State and Federal eligibility of the program; understanding of appropriate services permitted for reimbursement; knowledge of and training in the ADAM and CMIPS systems; knowledge of how IHSS interacts with and supports fraud investigations; interviewing and home visit protocol; etc.	
Total Travel/Per Diem and Training:	\$ 3,828

E. Subcontracts and Consultants	Total Budget
Title: Medical Exam Consultant	\$ 25,000
Description: Contract for medical consultation to review cases for the determination of client needs and assist in the indentification of fraudulent activities.	
Total Subcontracts and Consultants:	\$ 25,000

F. Other Costs	Total Budget
Title:	\$
Description:	
Total Other Costs:	\$

G. Indirect Expenses	Total Budget
Title: Indirect Costs	\$ 317,635
Description: Indirect expenses include administrative costs such as liability insurance, property insurance, security services, business travel and mileage, education and training, telephone services and membership dues and subscriptions.	
Total Other Costs:	\$ 317,635